

01/11/02
JCE965 U.S. PTO

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JCE879 U.S. PTO
10/042626

01/11/02

ASSISTANT COMMISSIONER
FOR PATENTS
WASHINGTON D.C. 20231

Gentlemen,

Enclosed is my patent application for my invention "Cyclo Torque Multipliers" and a check for \$355.00 to cover the handling cost for the Small Entity Fee, as stated in your form "FY 2001".

I am an individual: Small Entity, and not a corporation. I have no assignee for my invention as of today. I worked on these inventions since 1952.

Would you need more details, witness, or money, please specify and inform me by phone (248 828-9688) or by fax (248 828-1734) or by E-mail: flextec@atdial.net

Also, please, confirm that you have received this patent application.

Thank you for you cooperation.

Have a nice day!

Mailed this day 2001-December-21-


Otto Regner -inventor-

FEE TRANSMITTAL for FY 2001

Patent fees are subject to annual revision.

TOTAL AMOUNT OF PAYMENT (\$ 355.00)

Complete if Known

Application Number	
Filing Date	
First Named Inventor	otto regner
Examiner Name	
Group Art Unit	
Attorney Docket No	

METHOD OF PAYMENT

1. The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to:
 Deposit Account Number
 Deposit Account Name
 Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17
 Applicant claims small entity status. See 37 CFR 1.27
2. Payment Enclosed:
 Check Credit card Money Order Other

FEE CALCULATION (continued)

3. ADDITIONAL FEES

Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee (\$)	Fee Description	Fee Paid
105	130	205	65 Surcharge - late filing fee or oath	<input type="text"/>
127	50	227	25 Surcharge - late provisional filing fee or cover sheet	<input type="text"/>
139	130	139	130 Non-English specification	<input type="text"/>
147	2,520	147	2,520 For filing a request for ex parte reexamination	<input type="text"/>
112	920*	112	920* Requesting publication of SIR prior to Examiner action	<input type="text"/>
113	1,840*	113	1,840* Requesting publication of SIR after Examiner action	<input type="text"/>
115	110	215	55 Extension for reply within first month	<input type="text"/>
116	390	216	195 Extension for reply within second month	<input type="text"/>
117	890	217	445 Extension for reply within third month	<input type="text"/>
118	1,390	218	695 Extension for reply within fourth month	<input type="text"/>
128	1,890	228	945 Extension for reply within fifth month	<input type="text"/>
119	310	219	155 Notice of Appeal	<input type="text"/>
120	310	220	155 Filing a brief in support of an appeal	<input type="text"/>
121	270	221	135 Request for oral hearing	<input type="text"/>
138	1,510	138	1,510 Petition to institute a public use proceeding	<input type="text"/>
140	110	240	55 Petition to revive - unavoidable	<input type="text"/>
141	1,240	241	620 Petition to revive - unintentional	<input type="text"/>
142	1,240	242	620 Utility issue fee (or reissue)	<input type="text"/>
143	440	243	220 Design issue fee	<input type="text"/>
144	600	244	300 Plant issue fee	<input type="text"/>
122	130	122	130 Petitions to the Commissioner	<input type="text"/>
123	50	123	50 Processing fee under 37 CFR 1.17(q)	<input type="text"/>
126	180	126	180 Submission of Information Disclosure Stmt	<input type="text"/>
581	40	581	40 Recording each patent assignment per property (times number of properties)	<input type="text"/>
146	710	246	355 Filing a submission after final rejection (37 CFR § 1.129(a))	<input type="text"/>
149	710	249	355 For each additional invention to be examined (37 CFR § 1.129(b))	<input type="text"/>
179	710	279	355 Request for Continued Examination (RCE)	<input type="text"/>
169	900	169	900 Request for expedited examination of a design application	<input type="text"/>
Other fee (specify) _____				

SUBTOTAL (1) (\$ 355.00)

2. EXTRA CLAIM FEES

Total Claims	-20** =	X	=	Fee Paid
16				<input type="text"/>
Independent Claims	- 3** =	X	=	

Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description
103	18	203
102	80	202
104	270	204
109	80	209
110	18	210
		9
		Claims in excess of 20
		Independent claims in excess of 3
		Multiple dependent claim, if not paid
		** Reissue independent claims over original patent
		** Reissue claims in excess of 20 and over original patent

SUBTOTAL (2) (\$)

*or number previously paid, if greater; For Reissues, see above

*Reduced by Basic Filing Fee Paid

SUBTOTAL (3) (\$)

SUBMITTED BY

Name (Print/Type)	OTTO REGNER	Registration No (Attorney/Agent)	Telephone	248 828 9688
Signature	<i>Otto Regner</i>		Date	12-20-2001

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

Burden Hour Statement This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231